

AUG 4 - 2005

510(k) SUMMARY for INION ANCHRON ™ Biodegradable Anchor System

MANUFACTURER

Inion Ltd., Lääkärinkatu 2, FIN-33520 Tampere, FINLAND

Contact Person

Hanna Marttila, Regulatory Affairs Director Lääkärinkatu 2, FIN-33520 Tampere

Phone: +358 3 2306 600 Fax: +358 3 2306 691 hanna.marttila@inion.com

DEVICE NAME

Trade name: Inion ANCHRONTM Biodegradable Anchor System

Common/Usual Name: Suture anchor

ESTABLISHMENT REGISTRATION NUMBER

9710629

DEVICE CLASSIFICATION AND PRODUCT CODE

Classification Panel: Orthopedic

Regulation Number: 21 CFR 888.3030

Regulation Name: Fastener, fixation, biodegradable, soft tissue

Regulatory Class: Class II

Product Code: MAI

PREDICATE DEVICE

Modified Mitek 3.5 mm Panalok Wedge Absorbable Suture Anchor System (K970896)

CONFORMANCE WITH PERFORMANCE STANDARDS

No applicable mandatory performance standards exist for this device. Compliance to voluntary consensus standards is listed in the application.



DEVICE DESCRIPTION AND PRINCIPLES OF OPERATION

Inion ANCHRONTM Biodegradable Anchor System is intended to allow secure fixation of soft tissue to bone in conjunction with appropriate immobilization. The system consists of degradable suture anchor made of co-polymers PLDLA, non-degradable polyester sutures with stainless steel needles, and a single-use suture anchor inserter. The suture anchors are dyed green. Based on in vitro testing: the suture anchors retain most of their strength up to 16 weeks and gradually loose their strength thereafter; and bioresorption takes place within three years.

Inion ANCHRONTM Biodegradable Suture Anchor is provided in size 3.0 mm x 8.5 mm.

Inion ANCHRONTM Biodegradable Anchor system is provided sterile to the user and is non-pyrogenic. The shelf life of the device is 3 years.

SUBSTANTIAL EQUIVALENCE TO MARKETED PRODUCTS

Based on the performance data and specifications presented, it can be concluded that the intended use, material composition and scientific technology, degradation profile and mechanical properties of Inion ANCHRONTM Biodegradable Anchor System are substantially equivalent with the predicate device Mitek 3.5 mm Panalok Wedge Absorbable Suture Anchor System (K970896).

Inion ANCHRONTM Biodegradable Anchor System is substantially equivalent to predicate Class II devices used for soft tissue to bone fixation in conjunction with appropriate post-operative immobilization because the differences between Inion ANCHRONTM Biodegradable Anchor System and the predicate devices do not raise new questions of safety and effectiveness.





AUG 4 - 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Hanna Marttila Regulatory Affairs Director Inion Ltd. Lääkärinkatu 2 Tampere, Finland 33520

Re: K051362

Trade/Device Name: Inion ANCHRON[™] Biodegradable Anchor System

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances

and accessories

Regulatory Class: II Product Code: MAI Dated: May 23, 2005 Received: May 25, 2005

Dear Ms. Marttila:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Mark N. Melkerson

Acting Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

Indications for Use

510(K) Num	ber (II knowii): K.031302
Device Nam	e: Inion Anchron TM Biodegradable Anchor System
Indications f	for Use:
tissue to bon A. Open pro 1. Shoulde	 SLAP lesion repair Rotator cuff repair Capsule shift/capsulo-labral reconstruction at the anterior glenoid rim site Capsule shift/capsulo-labral reconstruction at the lesser tuberosity of the humerus Biceps tenodesis Acromio-clavicular separation Biceps tendon reattachment
	copic procedures: r: • Bankart repair • SLAP lesion repair • Rotator cuff repair • Capsule shift repair (glenoid rim)
(Part 2	otion Use AND/OR Over-The-Counter Use (21 CFR 801 Subpart C) O NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED
(PLEASE L	Concurrence of CDRH, Office of Device Evaluation (ODE)

Division of General, Restorative,

and Neurological Devices

Page 1 of 2